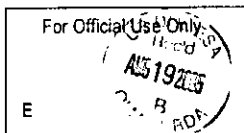


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13060	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John F Kittle P.O. Box, Bldg., Room No., if any Street 333 Jefferson Street City Carlstadt State New Jersey ZIP Code + 4 07072	4. Name, file number, and address of labor organization. Name I.U.P.A.T. District Council No. 9 Labor Organization File Number 006-770 P.O. Box, Building and Room Number, if any Street 45 West 14th Street City New York State New York ZIP Code + 4 10011-7419
5. Position in labor organization. Council Delegate	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Keith Lindsberg Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. Employer sponsored golf outing. 7.b. Amount. \$70

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 8/10/05	(212) 255-2950
	Date	Telephone Number

Name of Person Filing John Kittle	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name The Assoc. of General Contractors of America</p> <p>Trade Name, if any: New York State Chapter</p> <p>P.O. Box, Bldg., Room No., if any Suite 203</p> <p>Street 10 Airline Drive</p> <p>City Albany</p> <p>State New York ZIP Code + 4 12205</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such deal ng.</p> <p>None.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Cocktail reception..</p>
	<p>12.b. Amount. \$20</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Union Benefit Planners</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Building F</p> <p>Street 115 Route 46 West</p> <p>City Mountain Lakes</p> <p>State New Jersey ZIP Code + 4 07046</p>	<p>14.a. Nature of payment.</p> <p>Company sponscred golf outing.</p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$75</p>

Name of Person Filing John Kittle	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hudson Yards Coalition</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 3rd Floor</p> <p>Street 810 Seventh Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10019</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>None.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch with coalition representative.</p> <p>12.b. Amount. \$20</p>

Name of Person Filing John Kittle	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hudson Yards Coalition</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 3rd Floor</p> <p>Street 810 Seventh Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10019</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>None.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch with coalition representative.</p> <p>12.b. Amount. \$25</p>

Name of Person Filing John Kittle	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hudson Yards Coalition</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 3rd Floor</p> <p>Street 810 Seventh Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10019</p>	<p>9. Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>None.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch with coalition representative.</p> <p>12.b. Amount. \$25</p>

Name of Person Filing John Kittle

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name New York State Senate Committee Trade Name, if any: P.O. Box, Bldg., Room No., if any Empire State Plaza Street State Street City Albany State New York ZIP Code + 4 12242	9. Business deals with <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. None.
	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received. Lunch buffet with members of the NYS Senate Committee. 12.b. Amount. \$25

Name of Person Filing John Kittle	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Syntronics Systems, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 901</p> <p>Street 80 Eighth Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-5126</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-7419</p>	<p>11.a. Nature of such dealing.</p> <p>None.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Golf outing and luncheon.</p> <p>12.b. Amount. \$150</p>

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Syntonics Systems, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 901</p> <p>Street 80 Eighth Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-5216</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-7419</p>	<p>11.a. Nature of such dealing.</p> <p>None.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Golf outing and luncheon.</p> <p>12.b. Amount. \$70</p>

Name of Person Filing John Kittle

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name General Vision Services, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 9th Floor

Street 520 Eighth Avenue

City New York

State New York

ZIP Code + 4 10018

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painting Industry Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York

ZIP Code + 4 10011-7419

11.a. Nature of such dealing.

Amounts paid to third-party provider of optical benefits for the calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$331,160

12.a. Nature of interest held or income received.

Dinner meeting with company representative.

12.b. Amount.

\$40

Name of Person Filing John Kittle

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Koehler & Issacs, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 25th Floor

Street 61 Broadway

City New York

State New York

ZIP Code + 4 10006

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Fees paid for legal services for calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$149,189

12.a. Nature of interest held or income received.

Holiday gift.

12.b. Amount.

\$75

Name of Person Filing John Kittle	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Koehler & Issacs, LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 25th Floor</p> <p>Street 61 Broadway</p> <p>City New York</p> <p>State New York ZIP Code + 4 10006</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Fees paid for legal services for calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$149,189</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Attended holiday party.</p> <p>12.b. Amount. \$35</p>

Name of Person Filing John Kittle

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Gould, Kobrick & Schlapp P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 4309

Street 350 Fifth Avenue

City New York

State New York ZIP Code + 4 10118

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Fees paid for accounting services for calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$12,625

12.a. Nature of interest held or income received.

Holiday gift.

12.b. Amount.

\$100

Name of Person Filing John Kittle

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Painting Industry Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York

ZIP Code + 4 10011-7419

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painting Industry Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York

ZIP Code + 4 10011-7419

11.a. Nature of such dealing.

Related organization.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Attended annual Trustees holiday party.

12.b. Amount.

\$100

Name of Person Filing John Kittle	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Joint Apprentice and Training Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-7419</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Joint Apprentice and Training Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-7419</p>	<p>11.a. Nature of such dealing.</p> <p>Related organization.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$0</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Lunch following Glazier history class.</p> <hr/> <p>12.b. Amount. \$25</p>

Name of Person Filing John Kittle	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Joint Apprentice and Training Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-7419</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Joint Apprentice and Training Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-7419</p>	<p>11.a. Nature of such dealing.</p> <p>Related organization.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch meeting regarding Castle Garden project.</p> <p>12.b. Amount. \$45</p>

Name of Person Filing John Kittle	File Number U-
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Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Union Benefit Planners Trade Name, if any: P.O. Box, Bldg., Room No., if any Building F Street 115 Route 46 West City Mountain Lakes State New Jersey ZIP Code + 4 07046	14.a. Nature of payment. Dinner meeting with company representative.
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment \$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Union Benefit Planners Trade Name if any: P.O. Box, Bldg., Room No., if any Building F Street 115 Route 46 West City Mountain Lakes State New Jersey ZIP Code + 4 07046	14.a. Nature of payment Company sponsored golf outing.
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. \$75

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Union Benefit Planners Trade Name, if any: P.O. Box, Bldg., Room No., if any Building F Street 115 Route 46 West City Mountain Lakes State New Jersey ZIP Code + 4 07046	14.a. Nature of payment. Attended holiday party sponsored by company.
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. \$60